

Utility Outage Request



To: 227/Operations and Maintenance Branch		Via: 220/Building Manager		Date:		Record Number:																															
From (Name):		Affiliation:				Phone:																															
Type of Outage: <div> <div>Electrical</div> <div>Chilled Water</div> <div>Steam</div> </div> <div> <div>Fire System Component</div> <div>Heating/Ventilation/Air Conditioning (HVAC)</div> <div>Domestic Water</div> </div> <div>Other:</div>																																					
Building(s) Affected:				Room(s) or Area(s) Affected:																																	
Outage Duration From (Time/Date):		Outage Duration To (Time, Date): <i>Includes time required for draining lines, switching operations, pre-heating lines, and other activities associated with the shutdown and restoration of the utility.</i>																																			
Purpose (See Page 2 for detailed description of work to be performed):																																					
Impact if Work is Delayed or not Performed:																																					
Area(s)/System(s) Impacted (Check all that apply or may apply): <table border="0"> <tr> <td>Electrical</td> <td>HVAC</td> <td>Steam</td> <td>Fire System</td> <td>Chilled Water</td> <td>Domestic Water</td> </tr> <tr> <td>Lights</td> <td>Heat</td> <td>Humidification</td> <td>Sprinkler</td> <td>AC</td> <td>Drinking Fountains</td> </tr> <tr> <td>Outlets</td> <td>AC</td> <td>Heat</td> <td>Smoke Detector</td> <td>Other</td> <td>Restrooms</td> </tr> <tr> <td>HVAC/Fans</td> <td>Other</td> <td>Domestic Hot Water</td> <td>Fire Alarm</td> <td></td> <td>Kitchen Areas</td> </tr> <tr> <td>LAN/Computers</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								Electrical	HVAC	Steam	Fire System	Chilled Water	Domestic Water	Lights	Heat	Humidification	Sprinkler	AC	Drinking Fountains	Outlets	AC	Heat	Smoke Detector	Other	Restrooms	HVAC/Fans	Other	Domestic Hot Water	Fire Alarm		Kitchen Areas	LAN/Computers					
Electrical	HVAC	Steam	Fire System	Chilled Water	Domestic Water																																
Lights	Heat	Humidification	Sprinkler	AC	Drinking Fountains																																
Outlets	AC	Heat	Smoke Detector	Other	Restrooms																																
HVAC/Fans	Other	Domestic Hot Water	Fire Alarm		Kitchen Areas																																
LAN/Computers																																					
Unit Numbers:				Other:																																	
Requester Name:		Signature:			Code:		Phone:																														
Authorization																																					
To: 227/Head, Operations and Maintenance Branch		From : 220/Building Manager				Date:																															
This request, areas affected, and impacts have been reviewed and discussed with appropriate FOMs. In addition to the area(s)/system(s) denoted above, the following items will be impacted by this outage:																																					
This Outage Request is: <div> <div>Approved as Scheduled</div> <div>Approved with Change(s)</div> </div>																																					
Schedule:																																					
Alternative (Contingency Plan: can work be isolated?):																																					
Justification:																																					
FOMs Signature:		Building Manager's Signature:			Code 100 Signature (when required):																																
Authorization																																					
This Outage Request is Scheduled From (Time/Date):				To (Time, Date):																																	
Name of Approving Authority:		Signature:			Date:		Phone:																														

Utility Outage Safe Clearance Plan

Work Procedure

Issued By (Name of Shop Supervisor or Contractor's Superintendent, Name of Prime Contractor):

Date:

Name of Employee(s) Receiving Clearance:

Time Applied

Time Completed

Detailed description of work to be performed (step by step). Include safety procedures. (additional sheets may be used)

Signature of Supervisor (At time of request):

Signature of Employee (Upon work completion):

Date:

Note: Employee(s) conducting above procedures should be present at outage site at "from/to" times listed in the approval block on Page 1.

Outage Procedure

Issued By (Name of Shop Supervisor or Contractor's Superintendent, Name of Prime Contractor):

Requester Rep. Initials

Date:

Name of Employee(s) Receiving Clearance:

Time Applied

Time Completed

Detailed description of work to be performed (step by step). Include safety procedures. (additional sheets may be used)

Signature of Supervisor (At time of request):

Signature of Employee (Upon work completion):

Date:

Approval of utility outage, requested herewith, does not relieve personnel/contractor of performing work in accordance with OSHA regulations and NASA and GSFC safety instructions and policies.

To be Completed by O&M Branch

Other Work Co-Scheduled:

Required Shop Support:

Utility Outage Safe Clearance Plan

Detailed description of work to be performed (step by step). Include safety procedures. *(From pages 1 and 2)*